SF 278 (Rev. 6/94) 5 CFR Part 2634 U.S. Office of Government Ethics

## **Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT**

Form Approved: OMB No. 3209-0001

Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year)	Reporting Status Calendar year Covered by Report	New Entrant,	Termination Date (If applicable)	Agency Use Only
of Nonmation ( <i>Month, Day, Tear</i> )	(Check Appropriate Boxes) by Report Incumbent	Nominee, or Candidate	Termination (Month, Day, Year)  (Month, Day, Year)	
	Last Name	First Name and Middle in	itial	OGE Use Only
Reporting Individual's Name				
	Title of Position	Department of Agency (If A	Applicable)	Fee for Late Filing
Position for Which Filing				Any individual who is required to file this report and does so more than 30 days after the date the report is required to be filed, or,
T A COCC	Address (Number, Street, City, State, and ZIP Code)		Telephone No. (Include Area Code)	if an extension is granted, more than 30 days after the last day of the filing
Location of Present Office (or forwarding address)				extension period shall be subject to a \$200 fee.
Position(s) Held with the Federal	Title of Position(s) and Date(s) Held			
Government During the Preceding 12 Months (If Not Same as Above)				Reporting Periods
				Incumbents: The reporting period is the
	Name of Congressional Committee Considering Nomination	Do You Intend to Create a	Qualified Diversified Trust?	preceding calendar year except Part II of Schedule C and Part I of Schedule D where
Presidential Nominees Subject to Senate Confirmation		Yes	□ No	you must also include the filing year up to the date you file. Part II of Schedule D is not applicable.
				<b>Termination Filers:</b> The reporting periods
Certification	Signature of Reporting Individual		Date (Month, Day, Year)	begins at the end of the period covered by
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge.				your previous filing and ends at the date of termination. Part II of Schedule D is not applicable.
	Signature of Other Reviewer		Date (Month, Day, Year)	Nominees, New Entrants and Candidates for President and Vice President:
Other Review (If desired by agency)				Schedule A The reporting period for income (BLOCK C) is the preceding calendar year and the current calendar year
Agency Ethics Official's Opinion	Signature of Designated Agency Ethics Official/Reviewing Official		Date (Month, Day, Year)	up to the date of filing. Value assets as of any date you choose that is within 31 days
On the basis of information contained in this report, I conclude that the filer is in				of the date of filing.
compliance with applicable laws and regulations (subject to any comments in the box below).				Schedule B Not applicable.
	Signature		Date (Month, Day, Year)	Schedule C, Part I (Liabilities) The reporting period is the preceding
Office of Government Ethics Use Only				calendar year and the current calendar year up to any date you choose that is within 31 days of the date of filing.
Comments of Paviaving Officials (If a 13:4:	ional space is required, use the reverse side of this sheet)			Schedule C, Part II (Agreements or
Comments of Reviewing Officials (ij dadiid	mai space is requirea, use ine reverse suee of inis sueei)			Arrangements)Show any agreements or arrangements as of the date of filing.
				Schedule D The reporting period is the preceding two calendar years and the current calendar year up to the date of filing.
		(Check box	: if comments are continued on the reverse side)	

Reporting In	ndividual's Name											S	CI	HE	ED	UI	LE A										Page Number	
	Assets and Income BLOCK A				ation at cl portin	ose	of erio				In is	nee	ne: ded	typ in ]	e ai Bloo	nd a	amount. If "None (	(or		s tha		201	)" i	s ch	ieck	ed,	no other entr	y
dependen which had the close Identify e you, your generated period.	ach asset held by you, your spouse, or t children for the production of income d a fair market value exceeding \$1,000 at of the reporting period.  ach asset or source of income held by spouse, or dependent children which over \$200 in income during the reporting	None (on long them \$1 001)	\$1.001 - \$15.000	00000	\$15,001 - \$50,000 \$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000	Dividends	Rent and Royalties	Interest	Capital Gains	<b>Excepted Investment Fund</b>		Qualified Trust	Other (Specify Type)	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	Am 000'058 - 100'518	\$50,001 \$100,000	nt 000,000,1\$ - 100,001\$	Over \$1,000,000	Actual Amount Only if "Other" specified	Date (Month, Day, Year) Only if Honoraria
	Central Airlines Common	-		ı	Х		г		Г	Х										Х								
	Doe Jones & Smith, Hometown, State				x				ļ								Law Partnership Income										\$130,000	
Examples	Kempstone Equity Fund					Х			ļ					Х							Х		ļ					
	IRA: Heartland 500 Index Fund						ļ	Х	ļ					Х							ļ	Х	ļ		ļ			
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Reporting Individual's Name									S	CF	ΙE	DU	IJL	Æ.	A	continued										Page Number	
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Assets and Income		Va	lua	tion	of A	Asse	ets			In	con	ne:	Ту	pe					A	moı	ınt						
Identify each asset held for the production of income which had a fair market value exceeding \$1,000 at the close of the reporting period.  Identify each asset or source of income which generated over \$200 in income during the reporting period.	None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000	Dividends	Rent and Royalties	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified Trust	Other (Specify Type)	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000	Actual Amount Only if "Other" specified	Date (Month, Day, Year) Only if Honoraria
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Reporting Individual's Name									S	CH	ΙE	DU	JL	E	A	continued										Page Number	
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## Do not complete Schedule B if you are a new entrant, nominee, Vice Presidential or Presidential Candidate

Rej	porting Individual's Name		SCHEDULE B							Page	Numb	er			
D.	art I: Transactions														
l	port any purchase, sale, or exchange by you, your sp	pouse, or report a trans	saction involving property used solely as your			1			None						
dep	pendent children during the reporting period of any reporty, stocks, bonds, commodity futures, and other	real personal resi	dence, or a transaction solely between you, your ependent child. Check the "Certificate of		Γransacti Type (x		<b>5</b>		Am	ount c	of Trans	saction	(x)		f
sec	curities when the amount of the transaction exceeded clude transactions that resulted in a loss. Do not		block to indicate sales made pursuant to a certificate	Purchase		Exchange	Date (Month, Day, Year)	001 -	\$15,001 \$50,000	0,001	\$100,001 \$250,000	00,001	\$500,001 \$1,000,000	Over \$1,000,000	Certificate of divestiture
		Identification of Assets			Sale	Ехс		\$1,0	\$15 \$50		\$10	\$25	\$50 \$1,	Ove \$1,	Cen
1	Example: Central Airlines Common			X			2/1/91			X			$\vdash$		
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P	art II: Gifts, Reimbursemei	nts, and Travel E	xpenses	<u> </u>											
and ent trav mo per stav	r you, your spouse and dependent children, report the different that the value of: (1) gifts (such as tangible items, transfertainment) received from one source totaling \$250 vel-related cash reimbursements received from one sore. For conflicts analysis, it is helpful to indicate a resonal friend, agency approval under 5 U.S.C., subclututory authority, etc. For travel-related gifts and reinerary, dates and the nature of expenses	sportation, lodging, food, or or more; and (2) source totaling \$250 or basis for receipt, such as hapter 4111 or other	provided. <b>Exclude</b> anything given to you by your agency in connection with official travel by your spouse or dependent child totally inde you; or provided as personal hospitality at the purposes of aggregating gifts to determine the exclude items worth \$100 or less. See instruc	received pendent of donor's r total valu	from re of their residence ne from	elatives relation e. Als one so	s; received nship to o, for ource,						No	one	]
	Source (Name and Address)		Brief Desc	cription										Value	
	Examples: Nat'l Assn. of Rock Collectors, NY, NY Frank Jones, San Francisco, CA	Airline ticket, hotel roo Leather briefcase (perso	om & meals incident to national conference 6/15/90 (persononal friend)	nal activity	unrelate	d to dut	y)							\$500 \$300	
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Re	porting In	dividual's Name		SCHEDULE C						Page N	lumber			
P	art I	Liabilities				No	ne 🔲							
Re	port liabi	lities over \$10,000 owed to any one credi	itor at <b>anv</b> persona	l residence unless it is rented out; loans secured by		NO	ie 🗀		Cate	gory of	Amount	or Valu	ie (x)	_
tin de <sub>l</sub>	ne during pendent c	the reporting period by you, your spouse hildren. Check the highest amount owed g period. <b>Exclude</b> a mortgage on your	e, or automol	biles, household furniture or appliances; and liabilities certain relatives listed in instructions. See instructions lying charge accounts.	Date Incurred	Interest Rate	Term if applicable	\$10,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001	Over \$1,000,000
		Creditors (Name and Addres.	ss)	Type of Liability										
Б	xamples:	First District Bank, Washington, DC		Mortgage on rental property, Delaware	1981	13%	25 yrs.			Х				
E	xampies:	John Jones, 123 J St., Washington, DC		Promissory note	1989	10%	on demand		ļ		1	X		1
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P	art I	: Agreements or Arra	angements		•									
(1 pe	) continu nsion, 40	ar agreements or arrangements for: ng participation in an employee benefit p 1K, deferred compensation); (2) continua a former employer (including severance	plan (e.g. regardin ation of benefits.	es of absence; and (4) future employment. See instruction g the reporting of negotiations for any of these arrangements						None	e 🗌			
		Status a	and Terms of any Agreement or A	Arrangement			Parties						Date	e
E	xample:	Pursuant to partnership agreement, will rece through 11/91.	eive lump sum payment of capita	al account & partnership share calculated on service performed	Doe Jones & S	Smith, Home	own, State						7/85	5
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U.S. Office of Government Ethics	

Reporting Individual's Name		SCHEDULE D			Page Number		
Part I:	: Positions Held Outsi	de U.S. Governmen	<u> </u>				
Report any positions held during the applicable reporting period, whether compensated or not. Positions include but are not limited to those of an officer, director, trustee, general partner, proprietor, representative, employee, or		consultant of any corporation, firm, partnership, or other business enterprise or any non-profit organization or educational institution. <b>Exclude</b> positions with religious, social, fraternal, or political entities and those solely of an honorary nature.					
	Organization (Name ar	nd Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)	
Examples:	Nat'l Assn. of Rock Collectors, NY, NY		Non-profit education	President	6/82	Present	
Examples.	Doe Jones & Smith, Hometown, State		Law firm	Partner	7/85	11/91	
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Report sour	rces of more than \$5,000 compensation refor services provided directly by you during is includes the names of clients and custo	eceived by you or your business ng any one year of the reporting	corporation, firm, partnership, or other busi organization when you directly provided th more than \$5,000. You need not report the	e services generating a fee or payment of	Do not complete the are an Incumbent, Filer, or Vice Pre Presidential C	Termination esidential or	
Source (Name and Address)		Brief Description of Duties					
Evammlası	Doe Jones & Smith, Hometown, State		Legal services				
Examples:	Metro University (client of Doe Jones	& Smith), Moneytown, State	Legal services in connection with univer-	Legal services in connection with university construction			
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